

Ohio Environmental Protection Agency
Deviation Reporting Form

Signature

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116505, P0117027, P111903 and P0117028	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Effective or most recent modification date: 07/27/01			
REPORTING PERIOD		SEMIANNUAL Reporting Period (please indicate A N/A @ below in the A From @ and A To @ fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Number of pages in report, including this one: 11 pages			
List any supporting attachments			
Reporting deadline: 07/31/2016			

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

TitleVSemiAnnualReport_1st_2013.doc

Authorized Signature _____ Date _____

Name (Please Print) _____ Title _____

Ohio Environmental Protection Agency

Section I- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and P0115631	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/2016			

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -

704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) **(Table2)**

PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

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Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/AQ below in the AFR if this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/2016			

Section II - Part II Facility-wide Permit Requirement Reporting**Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

color tray dying (E-5)

trays dryers, littleford mixer (E-31)

HC-11 tanks (E-53)

general catalyst dryers #4, #5 (E-86)

nitric acid dilution (E-87)

ZR sinter furnace (E-89)

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/2016			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
E V PERMIT:

ammonia stripper in WWTP (E-93)

12 inch rotary calciner (E-95)

reduction towers (E-98)

#6 rotary calciner (E-97)

Horne tableting machines (E-102)

sulfuric acid storage tank

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/16	To: 06/30/16
Reporting deadline: 07/31/2016			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A
LE V PERMIT:

Kewanee boiler, rated at 8.6 MMBtu/hr

Building 27 Spin Flash Dryer

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/01/14			

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) (Table 2)

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)*Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)*

Description is for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state NO R in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/01/14			

Description of Deviation	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state NO REPORTS in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA/NA below in the From fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA/NA below in the From fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA/NA below in the From fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016			

	X	X
	X	X
	X	X
	X	X
	X	X
		X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA below in the From and To fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate NA below in the From and To fields if this report does include semiannual deviation reporting)	
From: NA	To: NA	From: 07/01/15	To: 12/31/15
Reporting deadline: 01/31/2016			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

NS (J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
y (#4)	A.I.1 Visible Emissions		X		2/7/16 2100	2/7/16 2120	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	2
y (#4)	A.I.1 Visible Emissions		X		2/10/16 1145	2/10/16 1245	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	2

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

NS J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
y #4)	A.I.1 Visible Emissions		X		2/12/16 1145	2/12/6 1200	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	2
y #4)	A.I.1 Visible Emissions		X		3/25/16 0730	3/25/6 1013	Visible emissions	Improperly set valve in duct work	Valve set correctly	yes	yes	4
y #4)	A.I.1 Visible Emissions		X		4/4/16 0345	4/4/6 0355	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	4

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

NS J) tion ww)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
y #4)	A.I.1 Visible Emissions		X		4/7/16 1415	4/7/6 1430	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	4
y #4)	A.I.1 Visible Emissions		X		4/23/16 1330	4/23/6 1335	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	5
y #4)	A.I.1 Visible Emissions		X		6/1/16 1430	6/1/6 1445	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	6

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

NS J) ation (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
y #4)	A.I.1 Visible Emissions		X		6/9/16 1445	6/9/6 1450	Visible emissions	pH probe failure in third stage of TriMer scrubber	Probe repaired	yes	yes	6/9/6 1450
y #1)	A.I.1 Visible Emissions		X		4/7/16 1415	4/7/6 1430	Visible emissions	Low sodium sulfide in scrubber	Sodium sulfide added	yes	yes	6/7/6 1430

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 a	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
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NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALF W RE D (If n we st REF the sp
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
y #1)	A.I.1 Visible Emissions		X		6/20/16 2030	6/20/16 2230	Visible emissions	Block in discharge line from dust collector	Blockage cleared	yes	yes	7/
zer	A.I.1 Visible Emissions		X		3/9/16 0845	3/9/16 0847	Visible emissions	Improperly set damper	Damper reset	yes	yes	4
y #5)	A.I.1 Visible Emissions		X		1/10/16 1702	1/10/16 2100	Visible emissions	Improperly installed filter	Filter reinstalled	yes	yes	1

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195		This report includes permits to install # P0116506, P0117027, P111903 and	
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

NS J) tion (w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
/ #5)	A.1.1 Visible Emissions		X		1/22/16 0945	1/22/16 1105	Visible emissions	Bypass valve failure	Valve repaired	yes	yes	2

See page 3 of the instructions A **SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE@** for guidance on this table.